CRIME VICTIM COMPENSATION PROGRAM
STATE CAPITOL
1015 E. GRAND AVE
DES MOINES, IA 50319-9901

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UNITED STATES

A request from the public or the media for information from a Crime Victim Compensation application is rare. However, information on this application is a matter of public record with the exception of your social security number. We will contact you if anyone requests information from your file. Please keep us updated on your current phone number and address.

Thank You.

VICTIM APPLICATION FOR CRIME VICTIM COMPENSATION

(Please PRINT CLEARLY and fill out both sides)

Victim's Name:_____Type of Crime: _____

Address: _____

Note: The CVC Program will send mail to this address. If you do not want mail sent to your home address please provide an alternative mailing address.

City/State:_____Zip: _____Phone: (_____)_____

Victim's date of birth: _____ Victim's Social Security Number: _____

Parent, guardian, or survivor's name if the victim is minor, dependent adult, or deceased: _____

Parent/Guardian's Social Security Number: _____ Relationship to victim:_____

Law enforcement agency reported to: _____L.E. Case no: _____

City/Location of crime: _____Investigating Officer: _____

Date of Crime: _____ Date crime reported: _____ Date crime discovered:_____

Describe injuries: _____

Primary Language Spoken: _____

Name of person who committed crime: _____

Check the crime related expenses for which you are seeking compensation:

- ☐ Lost wages due to crime related injuries
- ☐ Lost wages to attend justice proceedings
- ☐ Medical and/or dental expenses
- ☐ Funeral and burial
- ☐ Replace clothes or bedding held as evidence
- ☐ Replacement of home security items
- ☐ Counseling for the victim
- ☐ Counseling for the victim's spouse, child, parent, fiance, sibling, or person living in victim's home
- ☐ Child or dependent adult care
- ☐ Crime scene clean up in a home
- ☐ **Crime releated expenses of a survivor of a homicide victim:**
  ☐ Medical ☐ Counseling ☐ Lost wages

If the victim, or the victim's parent or guardian, lost wages as a result of the crime, complete the following:

Employer: _____

Contact Person:_____ Phone Number:_____

Address:_____ City, State, Zip: _____

Does the victim have minor children or other financial dependents? ☐ Yes ☐ No

Do you need application for other family or household members? ☐ Yes ☐ No How many applications? _____

Insurance Information: Provide the name and address of the insurance company and the policy number for each of the following:

Insurance types: ☐ I have no Insurance.

- ☐ Health: _____
- ☐ Medicaid or Medicare: _____
- ☐ Worker Compensation:_____
- ☐ Automobile, home, or boat: _____

Does a private attorney represent you in a crime related lawsuit or insurance claim? ☐ Yes ☐ No ☐ Not at this time

Attorney's Name: _____ Phone No. (_____)_____

Street Address: _____City/State Zip:_____

The following information is used for statistical purposes only to comply with Federal Regulations.

Gender: ☐ Male ☐ Female **Age:** ☐ 17-under ☐ 18-63 ☐ 64-over

Disabled: ☐ Yes ☐ No

Ethicity ☐ Caucasian ☐ Native American ☐ African/Amer ☐ Asian/Pacific Islander ☐ Hispanic ☐ Other

Who referred you? ☐ Polic/Sheriff ☐ Co. Attorney ☐ Media ☐ Hospital ☐ Victim Services ☐ Other

Crime Victim Compensation FAQs

- You do not need a lawyer to apply for the program.
- The Crime Victim Compensation Program can pay certain expenses related to a victim's injury in a crime that occurred in Iowa.
- The program is payer-of-last-resort after insurance, other government programs, and other sources pay.
- Funds for the program come entirely from fines and penalties paid by convicted criminals, not tax funds.
- Eligibility determination takes about eight weeks. For eligible applicants, the program will pay benefits after required verification is received.
- The program does not cover property crime, property loss or repair, legal fees, phone bills, meals, or pain and suffering.
- Restitution from the offender is collected after any restitution owed to the victim is paid. Restitution is not collected from an offender if the collection might cause further danger to the victim.

WHO CAN RECEIVE CRIME VICTIM COMPENSATION?

- A victim physically or emotionally injured in a violent crime in Iowa.
- The survivor of a homicide victim.
- A victim injured in certain car or boat crimes: driving while intoxicated (OWI), hit and run driving, reckless driving, vehicular homicide, or use of a vehicle as a weapon.
- Secondary victims including a victim's spouse, child, parent, sibling, and a person who lived in the victim's household at the time of the crime.
- Iowans injured by violent crime in a state or a nation that does not have a crime victim compensation program.
- A person, regardless of income or resources, injured by a compensable crime in Iowa, who has certain out-of-pocket expenses related to the crime.

To Apply For Crime Victim Compensation…

1. Complete the attached Application Form
2. Sign the Repayment and Subrogation Agreement
3. Sign the Medical and Mental Health Information Releases
4. Send the Forms to the Program

Crime Victim Compensation Benefits

LOST WAGE:	
Victims with crime related injuries*	$6000
Homicide victim survivors*	$6000
Time for Medical or counseling care	$1000
Time for justice proceedings	$1000
COUNSELING:	
Victim and Survivor counseling	$5000
Secondary victim counseling	$2000
MEDICAL:	
Medical care for victims	$25000
Medical care for a survivor of a homicide victim	$3000
OTHER:	
Homicide victim funeral and burial	$7500
Residential crime scene clean up	$1000
Replace clothing and bedding held as evidence	$200
Dependent care during court and medical appointments	$1000
Crime related travel	$1000
Replacement of home security items	$500

*Payment for more that two-weeks of lost wages requires a disability statement from a physician or licensed mental health provider.

What Are The Program Eligibility Requirements?

- A law enforcement report must be made within 72-hours after the crime or the discovery of the crime.**
- An application must be filed within two-years of the day the crime happened or was discovered.**
- The victim must cooperate with the reasonable requests of law enforcement and prosecutors related to the crime.
- A victim must not have been committing or attempting a crime that caused the injuries.
- A victim must not have consented to, provoked, or incited the crime that caused the injuries.

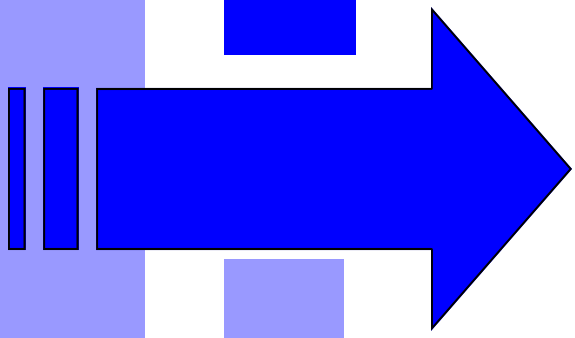
**This requirement may be waived for good cause.

IF CRIME STRIKES YOU...

Crime Victim Compensation

May help with your expenses

APPLICATION INSIDE



Iowa Attorney General Tom Miller
Crime Victim Assistance Division
Crime Victim Compensation Program

2008

SECTION 1 MUST BE SIGNED TO COMPLETE YOUR APPLICATION FOR CRIME VICTIM COMPENSATION
SECTIONS 2 AND 3 MUST BE COMPLETED AND SIGNED TO RECEIVE MEDICAL AND COUNSELING BENEFITS
(USE MORE PAPER FOR PROVIDER LISTS IF NECESSARY)

Section 1: REPAYMENT AND SUBROGATION AGREEMENT

I understand that Iowa law requires me to repay the Crime Victim Compensation Program if I receive any payment from the offender, a civil lawsuit, an insurance program, or any other government or private agency after I receive payment from the Compensation Program for the same expenses. I also agree to notify the Crime Victim Compensation Program if I hire an attorney to represent me in any action related to this crime. I certify the information in this application is true and correct to the best of my knowledge. I understand that with my signature I agree to all statements in this agreement.

X SIGNATURE_____ **DATE**_____

Applicant signature (Parent/ guardian must sign if victim is a minor or a dependent adult.) (Victim's survivor must signed if victim is deceased.)

SECTION 2: HEALTH CARE INFORMATION RELEASE

List all providers such as doctor, clinic, hospital, dentist, ambulance, that this release applies to:

Provider	Address, City, State, Zip	Telephone

I give permission to any hospital, including the University of Iowa Hospitals and Clinics, and any clinic, doctor, insurance company, employer, person, or agency to give necessary information, including medical records and test results which may include drug and alcohol screens, HIV screening a& AIDS related information to the Crime Victim Compensation Program (CVC) of the Iowa Department of Justice. This release does not authorize records protected under 42 CFR, Iowa Code Chapter 228 or Iowa Code section 141A.9. This authorization is valid for information already in existence and information generated while the authorization is in effect. I understand that:

- The CVC Program will request only information needed to determine CVC benefits for which I am eligible.
- Iowa and Federal law requires the CVC Program to keep confidential all confidential information received;
- This information release is valid for one year from the date of my signature and I can cancel the release by writing to the CVC Program at any time, except that if any information has already been received and used, it is not subject to cancellation.
- A photocopy of this signed form is as valid as the original; and
- My signature gives permission for the release of all information specified in this permission form.

X SIGNATURE_____ **DATE**_____

Applicant signature (Parent/ guardian must sign if victim is a minor or a dependent adult.) (Victim's survivor must signed if victim is deceased.)

SECTION 3: MENTAL HEALTH SPECIAL MEDICAL INFORMATION RELEASE

The Crime Victim Compensation Program (CVC) will keep confidential all mental health counseling , drug or alcohol treatment, HIV screening and AIDS related information, including counseling notes.

Disclosure Notice: Federal and State laws specifically require that any disclosure or re-disclosure of mental health, drug/alcohol, HIV screening and AIDS related information must be accompanied by the following written statement: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any drug or alcohol abuse patient. (See also Iowa Code Chapter 228 and section 141A.9 and applicable laws.)

List all Providers such as counselor, agency, hospital clinic, mental health provider that this release applies to:

Provider	Address, City, State, Zip	Telephone

- I specifically authorize any hospital, including the University of Iowa Hospitals and Clinics, and any clinic, doctor, insurance company, agency or mental health provider to release this information, to the Crime Victim Compensation Program of the Iowa Department of Justice. I specifically authorize disclosure and re-disclosure of this confidential information as provided in section 3 of this form. This authorization is valid for information already in existence and any information generated while authorization is in effect. I understand that:
- The CVC Program will request only information needed to determine about CVC benefits for which I am eligible.
- This information release is valid for one year from the date of my signature and that I can cancel this release by writing to the CVC program at anytime, except that if information has already been received and used it is not subject to cancellation.
- I have a right to inspect the disclosed mental health information at any time by contacting the mental health provider who has the records.
- A photocopy of this signed form is as valid as the original; and
- My signature gives permission for the release of all information specified in this permission form.

X SIGNATURE_____ **DATE** _____

(*Applicant signature (Parent/ guardian must sign if victim is a minor or a dependent adult.) (Victim's survivor must signed if victim is deceased.)*

A Message From
Attorney General Tom Miller:

If you or someone you care about has suffered personal injury from a violent crime, the Crime Victim Compensation Program may be able to help.

This program serves to help crime victims and survivors with the many costs of violent crime. The program receives all of its funding from fines and penalties paid by convicted criminals.

Please read this brochure to see if the program can help you or your family.

The Crime Victim Compensation Program cannot erase the painful memories of a crime, but I hope it can help with your recovery and ease the financial burdens you face.

Tear off here and keep this section →

Attorney General Tom Miller
Crime Victim Assistance Division
Crime Victim Compensation Program
Lucas State Office Building, Ground Floor
321 East 12th.
Des Moines, IA 50319

www.iowa.gov/government/ag/helping_victims/
(515) 281-5044
Toll-Free: 1-800-373-5044
FAX 515-281-8199

RELAY IOWA
1-800-735-2942 TT
1-800-735-2943 VOICE
Language Line Translation Available

After You Apply …

The Compensation Specialist may ask you for more information. Keep this page and this information handy:

Application Number: _____

Compensation Specialist: _____